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Title of Document: Monitoring Psychopharmacologic and Antiepileptic Medication For Side Effects

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Applicability: Central Office, District Offices and Facility Administrators

The purpose of this Directive is to establish a standardized system to check individuals for side effects when psychopharmacologic or antiepileptic medication is prescribed.

POLICY

Individuals who are prescribed psychopharmacologic medication will be regularly assessed for side effects using a standard instrument. In addition to side effects monitoring, an individual who is prescribed an antipsychotic medication or other medication associated with Tardive Dyskinesia will also be assessed for Tardive Dyskinesia according to DDSN Directive 603 - 01-DD.

DEFINITIONS

Antiepileptic Drug: Medications prescribed for a seizure disorder. These medications are also referred to as anticonvulsant drugs. Many of these medications are also used for psychiatric disorders and therefore they will be monitored for side effects if they are being used for a known psychiatric condition.

Antipsychotic Medication or Other Medication Associated with Tardive Dyskinesia:

Medications which, in addition to other side effects, may cause Tardive Dyskinesia.

Antipsychotic medications are one class of psychopharmacologic medication and are usually prescribed for schizophrenia, psychosis, bipolar disorder, and occasionally for other disorders.

Medications associated with Tardive Dyskinesia will be included on the psychopharmacologic drug list in Appendix A. These medications will need monitoring for Tardive Dyskinesia in addition to the monitoring for other side effects.

Clinical Manifestation: An event or symptom reported by the individual or an unusual or abnormal observation reported by clinical staff which may or may not represent a side effect. If another condition accounts for the clinical manifestation, it is not a side effect. If it is determined that a medication accounts for the clinical manifestation, it is then considered a side effect of that medication. The side effect monitoring scale is the Psychotropic Medication Monitoring Scale (PMMS) and this scale lists some possible clinical manifestations that could indicate possible side effects from the medications that are being prescribed.

DISCUS: Dyskinesia Identification System: Condensed User Scale. The DISCUS is a 15-item Tardive Dyskinesia rating scale which is used for evaluation for possible Tardive Dyskinesia in individuals with developmental disabilities who are prescribed medications associated with the risk of Tardive Dyskinesia.

Emergency: Documented behavior which represents imminent or substantial danger to self or others, or severe property damage.

Psychopharmacologic Medication (Psychotropic Drugs): Any medication prescribed to treat or stabilize an individual's mood, behavior, thought processes, or mental status. Medication typically prescribed for psychopharmacologic purposes are listed in the Appendix. It should be noted that any medication that is prescribed for psychiatric or behavioral symptoms is considered a psychopharmacologic medication and therefore the monitoring will need to be implemented for possible side effects.

Psychotropic Medication Monitoring Scale (PMMS): An 11 item side effects monitoring scale developed to allow nursing staff to perform evaluations of possible undiagnosed side effects related to psychopharmacologic medications (see Appendix B). This scale is organized in a systems format and also includes examples of common side effects by system. Any abnormal findings are described and this will then trigger a review by the Treatment Team and prescribing practitioner for possible treatment if it is determined that the symptoms represent a side effect.

Tardive Dyskinesia (TD): A side effect consisting of transient or persistent involuntary muscle movements associated with the long-term use of specific psychopharmacologic medications as well as a few other medications which are utilized for treatment of nausea or gastrointestinal issues. These involuntary movements can ultimately develop into a persistent and potentially irreversible side effect that can be very distressing to the individual and therefore it is extremely important to monitor for Tardive Dyskinesia. Some examples of possible involuntary muscle movements include facial grimacing, frequent blinking, chewing, lip smacking, puckering of the mouth, tongue thrusting, as well as twisting or jerking movements of the hands, arms, feet, or trunk. When it is determined that there are some involuntary muscle movements, this will lead to a subsequent review by the Treatment Team and prescribing MD/Nurse Practitioner to

determine if the continued use of the medication is appropriate in view of the risk benefit ratio of using the medication versus discontinuing it.

PROCEDURES

A. Monitoring Instrument:

1. The Psychotropic Medication Monitoring Scale or (PMMS) is the scale that will be utilized for monitoring of possible side effects from psychotropic or psychopharmacologic medication (see Appendix B).
2. Assessment should be conducted by a nurse, nurse practitioner or MD who is knowledgeable of psychotropic medication side effects.
3. This evaluation will be performed on a regular and ongoing basis on any individuals that are prescribed any medication for psychiatric or behavioral conditions.
4. This scale will become a part of the patient's medical record and an abnormal finding on the Psychotropic Medication Monitoring Scale will trigger a review by the Treatment Team and the prescribing professional to determine if an intervention is needed to treat the possible side effects.
5. The Psychotropic Medication Monitoring Scale is to be implemented in conjunction with other appropriate laboratory monitoring and other tests as determined by the prescribing professional in accordance with generally accepted medical monitoring. The Psychotropic Medication Monitoring Scale is not a replacement for appropriate laboratory tests or other tests and shall be used in conjunction with other forms of monitoring.
6. The PMMS will not take the place of monitoring required to detect Tardive Dyskinesia (see 603-01-DD).

B. Monitoring Schedule:

1. Individuals who are prescribed a psychotropic or psychopharmacologic medication will be assessed every six months.
2. Monitoring shall begin with a baseline PMMS evaluation performed prior to initiation of the medication and then will occur at the next quarterly nursing assessment and then every six months after that. It is preferable that the PMMS evaluation be performed in conjunction with the quarterly nursing reviews.

3. Spontaneous detection monitoring shall also occur at any time that a suspected side effect is noted by nursing staff. This will be in addition to the regularly scheduled monitoring as described above that will occur every six months.

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Attachments

Appendix A -	Examples of Psychopharmacologic and Antiepileptic Medications
Appendix B -	Psychotropic Medication Monitoring Scale

